

Letter of Completion of Dialysis Treatment

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient's Name], born on [Patient's Date of Birth], has successfully completed their dialysis treatment course at [Facility Name] as of [Completion Date].

[Patient's Name] underwent [number of sessions] dialysis sessions starting from [Start Date] to [Completion Date]. During this period, the patient adhered to all scheduled appointments and demonstrated a commitment to their treatment regimen.

We appreciate the cooperation and diligence exhibited throughout the treatment process. If further information is required, please feel free to contact our office at [Facility Phone Number] or [Facility Email Address].

Thank you.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Facility Name]

[Facility Address]

[Facility Phone Number]